

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer James R. Wiseman

Signature of Treasurer *James R. Wiseman* [Electronically Filed] Date 01 / 28 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		12526.47
(b) Cash on Hand at Beginning of Reporting Period.....	15594.35	
(c) Total Receipts (from Line 19)	18003.50	42295.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	33597.85	54821.50
7. Total Disbursements (from Line 31).....	10750.00	31973.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	22847.85	22847.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17231.41	39304.88
(ii) Unitemized	772.09	2990.15
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18003.50	42295.03
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	18003.50	42295.03
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	18003.50	42295.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18003.50	42295.03

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	223.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	223.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	27500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1250.00	4250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10750.00	31973.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10750.00	31973.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	18003.50	42295.03
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18003.50	42295.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	223.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	223.65

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Scott Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Corporate Centre Drive
 City State Zip Code
 Franklin TN 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare Hospital COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.7213
 Amount of Each Receipt this Period
 100.00

B. Scott Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Corporate Centre Drive
 City State Zip Code
 Franklin TN 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare Hospital COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : SA11AI.7214
 Amount of Each Receipt this Period
 100.00

C. Scott Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Corporate Centre Drive
 City State Zip Code
 Franklin TN 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare Hospital COO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.7215
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Scott Bailey		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 501 Corporate Centre Drive		Transaction ID : SA11AI.7216
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Scott Bailey		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 501 Corporate Centre Drive		Transaction ID : SA11AI.7217
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Scott Bailey		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 501 Corporate Centre Drive		Transaction ID : SA11AI.7218
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 82
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Brian Bell
Full Name (Last, First, Middle Initial)
Mailing Address 501 Corporate Centre Drive
City Franklin State TN Zip Code 37067
FEC ID number of contributing federal political committee. **C**
Name of Employer Capella Healthcare Occupation Hospital COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.7245
Amount of Each Receipt this Period 30.00

B. Brian Bell
Full Name (Last, First, Middle Initial)
Mailing Address 501 Corporate Centre Drive
City Franklin State TN Zip Code 37067
FEC ID number of contributing federal political committee. **C**
Name of Employer Capella Healthcare Occupation Hospital COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2015
Transaction ID : SA11AI.7246
Amount of Each Receipt this Period 30.00

C. Brian Bell
Full Name (Last, First, Middle Initial)
Mailing Address 501 Corporate Centre Drive
City Franklin State TN Zip Code 37067
FEC ID number of contributing federal political committee. **C**
Name of Employer Capella Healthcare Occupation Hospital COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.7247
Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Brian Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation Hospital COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : SA11AI.7248
 Amount of Each Receipt this Period
 30.00

B. Brian Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation Hospital COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : SA11AI.7249
 Amount of Each Receipt this Period
 30.00

C. Brian Bell
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation Hospital COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.7250
 Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)
A. Debra Brand
 Mailing Address 501 Corporate Centre Drive
 City State Zip Code
 Franklin TN 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healththcare healthcare
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 222.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.7278
 Amount of Each Receipt this Period
 37.00

Full Name (Last, First, Middle Initial)
B. Debra Brand
 Mailing Address 501 Corporate Centre Drive
 City State Zip Code
 Franklin TN 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healththcare healthcare
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 259.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : SA11AI.7279
 Amount of Each Receipt this Period
 37.00

Full Name (Last, First, Middle Initial)
C. Rick Brasher
 Mailing Address 501 Corporate Centre Drive
 City State Zip Code
 Franklin TN 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Capella Healthcare healthcare
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.7293
 Amount of Each Receipt this Period
 70.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 144.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Rick Brasher
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capella Healthcare	healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : SA11AI.7294

Amount of Each Receipt this Period

70.00

B. Rick Brasher
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capella Healthcare	healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SA11AI.7295

Amount of Each Receipt this Period

70.00

C. Rick Brasher
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capella Healthcare	healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : SA11AI.7296

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Rick Brasher
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SA11AI.7297

Amount of Each Receipt this Period
70.00

B. Rick Brasher
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.7298

Amount of Each Receipt this Period
70.00

C. Tim Browne
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : SA11AI.7280

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional).....▶	265.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Tim Browne
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt
 08 / 31 / 2015
Transaction ID : SA11AI.7281
 Amount of Each Receipt this Period
 125.00

B. Tim Browne
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : SA11AI.7282
 Amount of Each Receipt this Period
 125.00

C. Tim Browne
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 10 / 31 / 2015
Transaction ID : SA11AI.7283
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Tim Browne
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015

Transaction ID : SA11AI.7284

Amount of Each Receipt this Period
 125.00

B. Tim Browne
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.7285

Amount of Each Receipt this Period
 125.00

C. Holly Clark
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Center Drive Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation healthcare administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 563.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : SA11AI.7077

Amount of Each Receipt this Period
 80.55

SUBTOTAL of Receipts This Page (optional).....▶	330.55
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Holly Clark		Date of Receipt MM / DD / YYYY 08 / 31 / 2015 Transaction ID : SA11AI.7078
Mailing Address 501 Corporate Center Drive Suite 200		Amount of Each Receipt this Period 80.55
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 644.40
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation healthcare administration	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 644.40		

Full Name (Last, First, Middle Initial) B. Holly Clark		Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.7079
Mailing Address 501 Corporate Center Drive Suite 200		Amount of Each Receipt this Period 80.55
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 724.95
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation healthcare administration	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 724.95		

Full Name (Last, First, Middle Initial) C. Holly Clark		Date of Receipt MM / DD / YYYY 10 / 31 / 2015 Transaction ID : SA11AI.7080
Mailing Address 501 Corporate Center Drive Suite 200		Amount of Each Receipt this Period 80.55
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 805.50
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation healthcare administration	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 805.50		

SUBTOTAL of Receipts This Page (optional).....▶	241.65
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Holly Clark		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 501 Corporate Center Drive Suite 200		Transaction ID : SA11AI.7082
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 80.55
Name of Employer Capella Healthcare	Occupation healthcare administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 886.05	

Full Name (Last, First, Middle Initial) B. Holly Clark		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 501 Corporate Center Drive Suite 200		Transaction ID : SA11AI.7083
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 80.55
Name of Employer Capella Healthcare	Occupation healthcare administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 966.60	

Full Name (Last, First, Middle Initial) C. S. Ray Coffey		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7084
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 77.28
Name of Employer Capella Healthcare	Occupation VP & Government Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.66	

SUBTOTAL of Receipts This Page (optional).....▶	238.38
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. S. Ray Coffey		Date of Receipt MM / DD / YYYY 08 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7085
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 77.28
Name of Employer Capella Healthcare	Occupation VP & Government Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 617.94	

Full Name (Last, First, Middle Initial) B. S. Ray Coffey		Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7086
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 77.28
Name of Employer Capella Healthcare	Occupation VP & Government Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 695.22	

Full Name (Last, First, Middle Initial) C. S. Ray Coffey		Date of Receipt MM / DD / YYYY 10 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7087
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 77.28
Name of Employer Capella Healthcare	Occupation VP & Government Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 772.50	

SUBTOTAL of Receipts This Page (optional).....▶	231.84
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. S. Ray Coffey		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015 Transaction ID : SA11AI.7088
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 77.28
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 849.78
Name of Employer Capella Healthcare	Occupation VP & Government Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. S. Ray Coffey		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.7089
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 77.28
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 927.06
Name of Employer Capella Healthcare	Occupation VP & Government Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sue Conley		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2015 Transaction ID : SA11AI.7192
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 100.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 700.00
Name of Employer Capella Healthcare	Occupation Healthcare administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	254.56
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Sue Conley		Date of Receipt MM / DD / YYYY 08 / 31 / 2015 Transaction ID : SA11AI.7193
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 100.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 800.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Healthcare administration	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Sue Conley		Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.7194
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 100.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 900.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Healthcare administration	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Beverly Craig		Date of Receipt MM / DD / YYYY 07 / 31 / 2015 Transaction ID : SA11AI.7090
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 50.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 350.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP & Quality Management	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Beverly Craig		Date of Receipt MM / DD / YYYY 08 / 31 / 2015 Transaction ID : SA11AI.7091
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 50.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP & Quality Management	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Beverly Craig		Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.7092
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 50.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 450.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP & Quality Management	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Beverly Craig		Date of Receipt MM / DD / YYYY 10 / 31 / 2015 Transaction ID : SA11AI.7093
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 50.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP & Quality Management	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Beverly Craig		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7094
Name of Employer Capella Healthcare	Occupation VP & Quality Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
	<input type="text" value="550.00"/>	

Full Name (Last, First, Middle Initial) B. Beverly Craig		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7095
Name of Employer Capella Healthcare	Occupation VP & Quality Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. Patricia Crumpton		Date of Receipt
Mailing Address 501 Corporate Centre Drive Suite 200		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.7253
Name of Employer Capella Healthcare	Occupation Hospital CNO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
	<input type="text" value="225.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="125.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 82
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Patricia Crumpton		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7254
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Capella Healthcare	Occupation Hospital CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Patricia Crumpton		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7255
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Capella Healthcare	Occupation Hospital CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) C. Patricia Crumpton		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7256
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Capella Healthcare	Occupation Hospital CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Jim Davidson
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **428.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : SA11AI.7219

Amount of Each Receipt this Period
61.25

B. Jim Davidson
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **490.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : SA11AI.7220

Amount of Each Receipt this Period
61.25

C. Jim Davidson
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **551.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.7221

Amount of Each Receipt this Period
61.25

SUBTOTAL of Receipts This Page (optional).....▶	183.75
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Jim Davidson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7222
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 61.25
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 612.50	

Full Name (Last, First, Middle Initial) B. Jim Davidson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7224
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 61.25
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 673.75	

Full Name (Last, First, Middle Initial) C. Jim Davidson		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7226
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 61.25
Name of Employer Capella Healthcare	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00	

SUBTOTAL of Receipts This Page (optional).....▶	183.75
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)
A. Elizabeth Estep

Mailing Address 501 Corporate Centre Drive
 Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation VP, Physician Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : SA11AI.7098

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Elizabeth Estep

Mailing Address 501 Corporate Centre Drive
 Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation VP, Physician Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 10 / 31 / 2015
Transaction ID : SA11AI.7099

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Elizabeth Estep

Mailing Address 501 Corporate Centre Drive
 Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation VP, Physician Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 11 / 30 / 2015
Transaction ID : SA11AI.7100

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Elizabeth Estep		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7101
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Capella Healthcare	Occupation VP, Physician Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Jim Geist		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7198
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Jim Geist		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7199
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Jim Geist
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **830.40**

Date of Receipt
09 / 30 / 2015

Transaction ID : SA11AI.7200

Amount of Each Receipt this Period
30.40

B. Jim Geist
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **930.40**

Date of Receipt
10 / 31 / 2015

Transaction ID : SA11AI.7201

Amount of Each Receipt this Period
100.00

C. Jim Geist
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1030.40**

Date of Receipt
11 / 30 / 2015

Transaction ID : SA11AI.7202

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **230.40**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Jim Geist
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1130.40

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.7203

Amount of Each Receipt this Period
100.00

B. Cynthia Goehring
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Dr
Ste 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Occupation Healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.7104

Amount of Each Receipt this Period
25.00

C. Cynthia Goehring
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Dr
Ste 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Occupation Healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 31 / 2015
Transaction ID : SA11AI.7105

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Cynthia Goehring
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Dr
Ste 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Occupation Healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
11 / 30 / 2015
Transaction ID : SA11AI.7106

Amount of Each Receipt this Period
25.00

B. Cynthia Goehring
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Dr
Ste 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Occupation Healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.7107

Amount of Each Receipt this Period
25.00

C. Brian Hitchcock
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation VP & Materials Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.00

Date of Receipt
07 / 31 / 2015
Transaction ID : SA11AI.7108

Amount of Each Receipt this Period
70.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Brian Hitchcock
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation VP & Materials Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
560.00

Date of Receipt
08 / 31 / 2015
Transaction ID : SA11AI.7109

Amount of Each Receipt this Period
70.00

B. Brian Hitchcock
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation VP & Materials Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.7110

Amount of Each Receipt this Period
70.00

C. Brian Hitchcock
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation VP & Materials Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
10 / 31 / 2015
Transaction ID : SA11AI.7111

Amount of Each Receipt this Period
70.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 82
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Brian Hitchcock		Date of Receipt MM / DD / YYYY 11 / 30 / 2015 Transaction ID : SA11AI.7112
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 70.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 770.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP & Materials Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Brian Hitchcock		Date of Receipt MM / DD / YYYY 12 / 31 / 2015 Transaction ID : SA11AI.7113
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 70.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 840.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP & Materials Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Peter Hofstetter		Date of Receipt MM / DD / YYYY 07 / 31 / 2015 Transaction ID : SA11AI.7299
Mailing Address 501 Corporate Centre Drive		Amount of Each Receipt this Period 100.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Peter Hofstetter
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2015
Transaction ID : SA11AI.7300
 Amount of Each Receipt this Period 100.00

B. Peter Hofstetter
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2015
Transaction ID : SA11AI.7301
 Amount of Each Receipt this Period 100.00

C. Peter Hofstetter
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Corporate Centre Drive
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 31 / 2015
Transaction ID : SA11AI.7302
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Peter Hofstetter
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **11 / 30 / 2015**

Transaction ID : SA11AI.7303

Amount of Each Receipt this Period **100.00**

B. Peter Hofstetter
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.7304

Amount of Each Receipt this Period **100.00**

C. Gay Huff
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Director Operations Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **07 / 31 / 2015**

Transaction ID : SA11AI.7114

Amount of Each Receipt this Period **40.00**

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Gay Huff
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Director Operations Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
08 / 31 / 2015
Transaction ID : SA11AI.7115

Amount of Each Receipt this Period
40.00

B. Gay Huff
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Director Operations Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.7116

Amount of Each Receipt this Period
40.00

C. Gay Huff
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Director Operations Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
10 / 31 / 2015
Transaction ID : SA11AI.7117

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Gay Huff
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Director Operations Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
11 / 30 / 2015
Transaction ID : SA11AI.7118

Amount of Each Receipt this Period
40.00

B. Gay Huff
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Director Operations Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.7119

Amount of Each Receipt this Period
40.00

C. Neil Kunkel
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation SVP - Chief Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 952.00

Date of Receipt
07 / 31 / 2015
Transaction ID : SA11AI.7120

Amount of Each Receipt this Period
136.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 216.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Neil Kunkel		Date of Receipt MM / DD / YYYY 08 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7121
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 136.00
Name of Employer Capella Healthcare	Occupation SVP - Chief Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1088.00	

Full Name (Last, First, Middle Initial) B. Teri Lague		Date of Receipt MM / DD / YYYY 08 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Ste 200		Transaction ID : SA11AI.7123
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Capella Healthcare	Occupation Director - Clinical Applications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Teri Lague		Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Ste 200		Transaction ID : SA11AI.7124
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Capella Healthcare	Occupation Director - Clinical Applications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	196.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Teri Lague
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Ste 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Director - Clinical Applications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : SA11AI.7125

Amount of Each Receipt this Period
30.00

B. Teri Lague
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Ste 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Director - Clinical Applications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SA11AI.7126

Amount of Each Receipt this Period
30.00

C. Teri Lague
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Ste 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Director - Clinical Applications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.7127

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 82
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Bill Little		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7233
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 108.00
Name of Employer CANN	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 756.00	

Full Name (Last, First, Middle Initial) B. Bill Little		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7234
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 108.00
Name of Employer CANN	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 864.00	

Full Name (Last, First, Middle Initial) C. Bill Little		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7235
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 108.00
Name of Employer CANN	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 972.00	

SUBTOTAL of Receipts This Page (optional).....▶	324.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 82
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)
A. Derek Lythgoe

Mailing Address 501 Corporate Centre Drive
 Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015

Transaction ID : SA11AI.7204

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Derek Lythgoe

Mailing Address 501 Corporate Centre Drive
 Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : SA11AI.7205

Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
C. Derek Lythgoe

Mailing Address 501 Corporate Centre Drive
 Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015

Transaction ID : SA11AI.7206

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Jerry Mabry
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
07 / 31 / 2015
Transaction ID : SA11AI.7257

Amount of Each Receipt this Period
100.00

B. Jerry Mabry
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
08 / 31 / 2015
Transaction ID : SA11AI.7258

Amount of Each Receipt this Period
100.00

C. Jerry Mabry
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.7259

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Jerry Mabry		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7260
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Jerry Mabry		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7261
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Jerry Mabry		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7262
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Joseph Mazzo
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : SA11AI.7263

Amount of Each Receipt this Period
50.50

B. Joseph Mazzo
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **353.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : SA11AI.7264

Amount of Each Receipt this Period
3.01

C. Mike McCoy
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **367.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : SA11AI.7266

Amount of Each Receipt this Period
52.50

SUBTOTAL of Receipts This Page (optional)..... ▶ **106.01**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Mike McCoy		Date of Receipt MM / DD / YYYY 08 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7267
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 52.50
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Mike McCoy		Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7268
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 52.50
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 472.50	

Full Name (Last, First, Middle Initial) C. Mike McCoy		Date of Receipt MM / DD / YYYY 10 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7269
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 52.50
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional).....▶	157.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Mike McCoy		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7270
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.50
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 577.50	

Full Name (Last, First, Middle Initial) B. Mike McCoy		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7271
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.50
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

Full Name (Last, First, Middle Initial) C. Donald McDaniel		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7239
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer Mineral	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Donald McDaniel
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Mineral Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
08 / 31 / 2015
Transaction ID : SA11AI.7240

Amount of Each Receipt this Period
45.00

B. Donald McDaniel
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Mineral Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.7241

Amount of Each Receipt this Period
45.00

C. Donald McDaniel
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Mineral Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
10 / 31 / 2015
Transaction ID : SA11AI.7242

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Donald McDaniel		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7243
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 45.00
Name of Employer Mineral	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

Full Name (Last, First, Middle Initial) B. Donald McDaniel		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7244
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 45.00
Name of Employer Mineral	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) C. Tim McGill		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7265
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 135.00
Name of Employer Capella Healthcare	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 945.00	

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Jane Motes
Full Name (Last, First, Middle Initial)
Mailing Address 501 Corporate Centre Drive

City Franklin	State TN	Zip Code 37067
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare	Occupation healthcare
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : SA11AI.7308

Amount of Each Receipt this Period

50.00

B. Jane Motes
Full Name (Last, First, Middle Initial)
Mailing Address 501 Corporate Centre Drive

City Franklin	State TN	Zip Code 37067
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare	Occupation healthcare
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : SA11AI.7309

Amount of Each Receipt this Period

50.00

C. Jane Motes
Full Name (Last, First, Middle Initial)
Mailing Address 501 Corporate Centre Drive

City Franklin	State TN	Zip Code 37067
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare	Occupation healthcare
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.7310

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Angie Mulder
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Dr, Ste 200

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capella Healthcare	healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **455.31**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.7131

Amount of Each Receipt this Period

65.59

B. Angie Mulder
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Dr, Ste 200

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capella Healthcare	healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : SA11AI.7132

Amount of Each Receipt this Period

65.59

C. Angie Mulder
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Dr, Ste 200

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capella Healthcare	healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **586.49**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SA11AI.7133

Amount of Each Receipt this Period

65.59

SUBTOTAL of Receipts This Page (optional).....▶	196.77
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Angie Mulder
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Dr, Ste 200

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capella Healthcare	healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **652.08**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : SA11AI.7134

Amount of Each Receipt this Period

65.59

B. Angie Mulder
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Dr, Ste 200

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capella Healthcare	healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **717.67**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : SA11AI.7135

Amount of Each Receipt this Period

65.59

C. Angie Mulder
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Dr, Ste 200

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capella Healthcare	healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **783.26**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.7136

Amount of Each Receipt this Period

65.59

SUBTOTAL of Receipts This Page (optional).....▶	196.77
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Christina Patterson
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Center Dr Ste 200

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capella Healthcare Company	Hospital CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.7138

Amount of Each Receipt this Period

50.00

B. Christina Patterson
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Center Dr Ste 200

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capella Healthcare Company	Hospital CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : SA11AI.7139

Amount of Each Receipt this Period

50.00

C. Christina Patterson
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Center Dr Ste 200

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capella Healthcare Company	Hospital CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SA11AI.7140

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Christina Patterson
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Center Dr Ste 200

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capella Healthcare Company	Hospital CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : SA11AI.7141

Amount of Each Receipt this Period
50.00

B. Christina Patterson
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Center Dr Ste 200

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capella Healthcare Company	Hospital CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : SA11AI.7142

Amount of Each Receipt this Period
50.00

C. Christina Patterson
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Center Dr Ste 200

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capella Healthcare Company	Hospital CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.7143

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Andretta Reed
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Healthcare administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
09 / 30 / 2015
Transaction ID : SA11AI.7146

Amount of Each Receipt this Period
25.00

B. Andretta Reed
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Healthcare administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 31 / 2015
Transaction ID : SA11AI.7147

Amount of Each Receipt this Period
25.00

C. Andretta Reed
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Healthcare administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
11 / 30 / 2015
Transaction ID : SA11AI.7148

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Andretta Reed		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.7149
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 25.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Healthcare administration	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Benjamin Ross		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2015 Transaction ID : SA11AI.7150
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 83.33
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 583.31
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP Physician Services	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 583.31		

Full Name (Last, First, Middle Initial) C. Benjamin Ross		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2015 Transaction ID : SA11AI.7151
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 83.33
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 666.64
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP Physician Services	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 666.64		

SUBTOTAL of Receipts This Page (optional).....▶	191.66
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Deepak Sawhney		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 501 Corporate Centre Drive		Transaction ID : SA11AI.7332
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 553.80
Name of Employer Willamette Valley	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 553.80	

Full Name (Last, First, Middle Initial) B. David Sharp		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7195
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation healthcare executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. David Sharp		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7196
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation healthcare executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	653.80
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. David Sharp		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7197
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation healthcare executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) B. Susan Shugart		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2015
Mailing Address 501 Corporate Centre Drive		Transaction ID : SA11AI.7288
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 47.59
Name of Employer Capella Healthcare	Occupation healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.29	

Full Name (Last, First, Middle Initial) C. Susan Shugart		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 501 Corporate Centre Drive		Transaction ID : SA11AI.7289
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 47.59
Name of Employer Capella Healthcare	Occupation healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 284.88	

SUBTOTAL of Receipts This Page (optional).....▶	145.18
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Susan Shugart
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **332.47**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2015

Transaction ID : SA11AI.7290

Amount of Each Receipt this Period
47.59

B. Susan Shugart
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SA11AI.7291

Amount of Each Receipt this Period
47.59

C. Susan Shugart
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **427.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.7292

Amount of Each Receipt this Period
47.59

SUBTOTAL of Receipts This Page (optional).....▶	142.77
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Dan Slipkovich		Date of Receipt MM / DD / YYYY 07 / 31 / 2015 Transaction ID : SA11AI.7152
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 167.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 1169.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare Company	Occupation Chief Executive Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Dan Slipkovich		Date of Receipt MM / DD / YYYY 08 / 31 / 2015 Transaction ID : SA11AI.7153
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 167.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 1336.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare Company	Occupation Chief Executive Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Dan Slipkovich		Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.7154
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 167.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 1503.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare Company	Occupation Chief Executive Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	501.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Dan Slipkovich		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7155
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 167.00
Name of Employer Capella Healthcare Company	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1670.00	

Full Name (Last, First, Middle Initial) B. Dan Slipkovich		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7156
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 167.00
Name of Employer Capella Healthcare Company	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1837.00	

Full Name (Last, First, Middle Initial) C. Dan Slipkovich		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7157
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 167.00
Name of Employer Capella Healthcare Company	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2004.00	

SUBTOTAL of Receipts This Page (optional).....▶	501.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 82
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. D. Andrew Slusser
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Senior VP & Development Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1190.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.7158
Amount of Each Receipt this Period 170.00

B. D. Andrew Slusser
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Senior VP & Development Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1360.00

Date of Receipt 08 / 31 / 2015
Transaction ID : SA11AI.7159
Amount of Each Receipt this Period 170.00

C. Alan Smith
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive
Suite 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation VIP, CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 07 / 31 / 2015
Transaction ID : SA11AI.7166
Amount of Each Receipt this Period 175.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 515.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Alan Smith		Date of Receipt 08 / 31 / 2015 Transaction ID : SA11Al.7167
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 175.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 1300.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VIP, CIO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Warren Smith		Date of Receipt 07 / 31 / 2015 Transaction ID : SA11Al.7160
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 40.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 280.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Hospital Finance Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Warren Smith		Date of Receipt 08 / 31 / 2015 Transaction ID : SA11Al.7161
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 40.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 320.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Hospital Finance Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	255.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Warren Smith		Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.7162
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 40.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 360.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Hospital Finance Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Warren Smith		Date of Receipt MM / DD / YYYY 10 / 31 / 2015 Transaction ID : SA11AI.7163
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 40.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 400.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Hospital Finance Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Warren Smith		Date of Receipt MM / DD / YYYY 11 / 30 / 2015 Transaction ID : SA11AI.7164
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 40.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 440.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Hospital Finance Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Warren Smith		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7165
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Capella Healthcare	Occupation Hospital Finance Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. Bill Southwick		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Ste 200		Transaction ID : SA11AI.7207
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer CMC	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name (Last, First, Middle Initial) C. Bill Southwick		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Ste 200		Transaction ID : SA11AI.7208
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer CMC	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 OF 82
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Bill Southwick		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Ste 200		Transaction ID : SA11AI.7209
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer CMC	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

Full Name (Last, First, Middle Initial) B. Bill Southwick		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Ste 200		Transaction ID : SA11AI.7210
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer CMC	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) C. Bill Southwick		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Ste 200		Transaction ID : SA11AI.7211
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer CMC	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Bill Southwick		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Ste 200		Transaction ID : SA11AI.7212
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer CMC	Occupation Hospital COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) B. Davis Turner		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2015
Mailing Address 501 Corporate Centre Dr, Ste 200		Transaction ID : SA11AI.7168
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.73
Name of Employer Capella Healthcare	Occupation healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 546.51	

Full Name (Last, First, Middle Initial) C. Davis Turner		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2015
Mailing Address 501 Corporate Centre Dr, Ste 200		Transaction ID : SA11AI.7169
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.73
Name of Employer Capella Healthcare	Occupation healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.24	

SUBTOTAL of Receipts This Page (optional).....▶	207.46
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Davis Turner
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Dr, Ste 200

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capella Healthcare	healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **703.97**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SA11AI.7170

Amount of Each Receipt this Period

78.73

B. Davis Turner
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Dr, Ste 200

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capella Healthcare	healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **782.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2015

Transaction ID : SA11AI.7171

Amount of Each Receipt this Period

78.73

C. Davis Turner
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Dr, Ste 200

City	State	Zip Code
Franklin	TN	37067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Capella Healthcare	healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **861.43**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : SA11AI.7172

Amount of Each Receipt this Period

78.73

SUBTOTAL of Receipts This Page (optional).....▶	236.19
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Davis Turner
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Dr, Ste 200

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **940.16**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.7173

Amount of Each Receipt this Period
78.73

B. Wendell Van Es
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive Suite 201

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : SA11AI.7272

Amount of Each Receipt this Period
46.50

C. Wendell Van Es
Full Name (Last, First, Middle Initial)

Mailing Address 501 Corporate Centre Drive Suite 201

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Capella Healthcare Occupation Hospital CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **372.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : SA11AI.7273

Amount of Each Receipt this Period
46.50

SUBTOTAL of Receipts This Page (optional).....▶	171.73
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Wendell Van Es
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Corporate Centre Drive
 Suite 201
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation Hospital CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 418.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.7274
 Amount of Each Receipt this Period
 46.50

B. Wendell Van Es
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Corporate Centre Drive
 Suite 201
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation Hospital CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2015
Transaction ID : SA11AI.7275
 Amount of Each Receipt this Period
 46.50

C. Wendell Van Es
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Corporate Centre Drive
 Suite 201
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation Hospital CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 511.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2015
Transaction ID : SA11AI.7276
 Amount of Each Receipt this Period
 46.50

SUBTOTAL of Receipts This Page (optional).....▶	139.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 OF 82
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Wendell Van Es		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.7277
Mailing Address 501 Corporate Centre Drive Suite 201		Amount of Each Receipt this Period 46.50
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 558.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation Hospital CFO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 558.00		

Full Name (Last, First, Middle Initial) B. Robert Wampler		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2015 Transaction ID : SA11AI.7174
Mailing Address 501 Corporate Centre Drive, Ste 20		Amount of Each Receipt this Period 150.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 850.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare Company	Occupation VP & Operations CFO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) C. Robert Wampler		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 31 / 2015 Transaction ID : SA11AI.7175
Mailing Address 501 Corporate Centre Drive, Ste 20		Amount of Each Receipt this Period 150.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare Company	Occupation VP & Operations CFO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional).....▶	346.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)
A. Edward Warren

Mailing Address 501 Corporate Centre Drive

City State Zip Code
Franklin TN 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
National Park Hospital CNO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : SA11AI.7334

Amount of Each Receipt this Period
400.00

Full Name (Last, First, Middle Initial)
B. Jennifer Weldon

Mailing Address 501 Corporate Centre Dr, Ste 200

City State Zip Code
Franklin TN 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Capella Healthcare healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
259.17

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : SA11AI.7236

Amount of Each Receipt this Period
37.88

Full Name (Last, First, Middle Initial)
C. Jennifer Weldon

Mailing Address 501 Corporate Centre Dr, Ste 200

City State Zip Code
Franklin TN 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Capella Healthcare healthcare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
297.05

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : SA11AI.7237

Amount of Each Receipt this Period
37.88

SUBTOTAL of Receipts This Page (optional).....▶	475.76
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 82
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

A. Jennifer Weldon
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Corporate Centre Dr, Ste 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation healthcare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : SA11AI.7238
 Amount of Each Receipt this Period
 15.93

B. Michael Wiechart
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Corporate Centre Drive Suite 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : SA11AI.7176
 Amount of Each Receipt this Period
 250.00

C. Michael Wiechart
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Corporate Centre Drive Suite 200
 City Franklin State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capella Healthcare Occupation COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015
Transaction ID : SA11AI.7177
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	515.93
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. James R. Wiseman		Date of Receipt MM / DD / YYYY 07 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7178
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Capella Healthcare	Occupation VP of Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) B. James R. Wiseman		Date of Receipt MM / DD / YYYY 08 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7179
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Capella Healthcare	Occupation VP of Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	

Full Name (Last, First, Middle Initial) C. James R. Wiseman		Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7180
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Capella Healthcare	Occupation VP of Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. James R. Wiseman		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7181
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Capella Healthcare	Occupation VP of Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. James R. Wiseman		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7182
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Capella Healthcare	Occupation VP of Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Full Name (Last, First, Middle Initial) C. James R. Wiseman		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7183
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer Capella Healthcare	Occupation VP of Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Lori Wooten		Date of Receipt MM / DD / YYYY 07 / 31 / 2015 Transaction ID : SA11AI.7184
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 100.00
City Brentwood	State Zip Code TN 37027	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 700.00
Name of Employer Capella Healthcare	Occupation VP/Financial Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lori Wooten		Date of Receipt MM / DD / YYYY 08 / 31 / 2015 Transaction ID : SA11AI.7185
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 100.00
City Brentwood	State Zip Code TN 37027	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 800.00
Name of Employer Capella Healthcare	Occupation VP/Financial Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Beth Wright		Date of Receipt MM / DD / YYYY 07 / 31 / 2015 Transaction ID : SA11AI.7186
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 75.00
City Franklin	State Zip Code TN 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 445.00
Name of Employer Capella Healthcare	Occupation VP Corp Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Beth Wright		Date of Receipt MM / DD / YYYY 08 / 31 / 2015 Transaction ID : SA11AI.7187
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 75.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 520.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP Corp Communications	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) B. Beth Wright		Date of Receipt MM / DD / YYYY 09 / 30 / 2015 Transaction ID : SA11AI.7188
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 75.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 595.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP Corp Communications	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 595.00		

Full Name (Last, First, Middle Initial) C. Beth Wright		Date of Receipt MM / DD / YYYY 10 / 31 / 2015 Transaction ID : SA11AI.7189
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 75.00
City Franklin	State TN	
Zip Code 37067		Aggregate Year-to-Date ▼ 670.00
FEC ID number of contributing federal political committee. C		
Name of Employer Capella Healthcare	Occupation VP Corp Communications	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 670.00		

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Beth Wright		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2015 Transaction ID : SA11AI.7190
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 75.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 745.00
Name of Employer Capella Healthcare	Occupation VP Corp Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Beth Wright		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2015 Transaction ID : SA11AI.7191
Mailing Address 501 Corporate Centre Drive Suite 200		Amount of Each Receipt this Period 75.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 820.00
Name of Employer Capella Healthcare	Occupation VP Corp Communications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Anthony Young		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2015 Transaction ID : SA11AI.7227
Mailing Address 501 Corporate Centre Dr Ste 200		Amount of Each Receipt this Period 125.00
City Franklin	State TN Zip Code 37067	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 835.00
Name of Employer MRMC	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Anthony Young		Date of Receipt MM / DD / YYYY 08 / 31 / 2015
Mailing Address 501 Corporate Centre Dr Ste 200		Transaction ID : SA11AI.7228
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 125.00
Name of Employer MRMC	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	

Full Name (Last, First, Middle Initial) B. Anthony Young		Date of Receipt MM / DD / YYYY 09 / 30 / 2015
Mailing Address 501 Corporate Centre Dr Ste 200		Transaction ID : SA11AI.7229
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 125.00
Name of Employer MRMC	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1085.00	

Full Name (Last, First, Middle Initial) C. Anthony Young		Date of Receipt MM / DD / YYYY 10 / 31 / 2015
Mailing Address 501 Corporate Centre Dr Ste 200		Transaction ID : SA11AI.7230
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 125.00
Name of Employer MRMC	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1210.00	

SUBTOTAL of Receipts This Page (optional).....▶	375.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Anthony Young		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 501 Corporate Centre Dr Ste 200		Transaction ID : SA11AI.7231
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 125.00
Name of Employer MRMC	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1335.00	

Full Name (Last, First, Middle Initial) B. Anthony Young		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 501 Corporate Centre Dr Ste 200		Transaction ID : SA11AI.7232
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 125.00
Name of Employer MRMC	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1460.00	

Full Name (Last, First, Middle Initial) C. Lee Yuill		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7315
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation VP of Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial) A. Lee Yuill		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7316
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation VP of Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Lee Yuill		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7317
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation VP of Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Lee Yuill		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015
Mailing Address 501 Corporate Centre Drive Suite 200		Transaction ID : SA11AI.7318
City Franklin	State TN	Zip Code 37067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Capella Healthcare	Occupation VP of Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	17231.41

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SCHUMER

Mailing Address 509 MADISON AVE SUITE 1902

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement

Candidate Name

CHARLES E SCHUMER

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	04	/	2015

Transaction ID : SB23.7325

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement

Candidate Name

MARSHA MRS. BLACKBURN

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2015

Transaction ID : SB23.7324

Amount of Each Disbursement this Period

1,500.00

Full Name (Last, First, Middle Initial)

C. OHPAC

Mailing Address 400 Kruse Way, Suite 100

City Lake Oswego State OR Zip Code 97035

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	20	/	2015

Transaction ID : SB23.7326

Amount of Each Disbursement this Period

1,000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

7,500.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)

A. PROSPERITY ACTION INC.

Mailing Address 320 1ST STREET SE

City WASHINGTON State DC Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 08 / 2015

Transaction ID : SB23.7320

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. WALDEN FOR CONGRESS

Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement

Candidate Name

WALDEN FOR CONGRESS

Office Sought: House Senate President
State: OR District: 02

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 08 / 2015

Transaction ID : SB23.7322

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2000.00

9500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAPELLA HEALTHCARE, INC. GOVERNMENT AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Al Stevens for State Rep 2016

Mailing Address 6801 S Cherokee

City State Zip Code
Muskogee OK 74403

Purpose of Disbursement

Candidate Name

Al Stevens for State Rep 2016

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: OK District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	5

Transaction ID : SB29.7330

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Friends of Frank Chopp

Mailing Address 1000 Aurora Ave N. Unit N 100

City State Zip Code
Seattle WA 98109

Purpose of Disbursement

Candidate Name

Friends of Frank Chopp

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: WA District: 43

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	5

Transaction ID : SB29.7328

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. Jay Inslee for Governor

Mailing Address PO Box 21067

City State Zip Code
Seattle WA 98111

Purpose of Disbursement

Candidate Name

Jay Inslee for Governor

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	5

Transaction ID : SB29.7327

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1	2	5	0	0	0	0	0	0	0
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1	2	5	0	0	0	0	0	0	0
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